

SENATE STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS  
ATTORNEY-GENERAL'S PORTFOLIO

**Program:** Australian Federal Police

**Question No. AE17/034**

**Senator Xenophon asked the following question at the hearing on 28 February 2017:**

Senator XENOPHON: I will put some questions on notice. I will put some of them to you—I do not want you to answer them now—to give you an idea of the scope of them. What is the annual cost of the AFP's insurance premiums and what percentage of them are psychological claims? How many of them are bullying claims and accepted by Comcare? How many bullying incidents have been reported? What percentage of members with a psychological injury are successfully rehabilitated back into their original work area, and what is the timeframe? What percentage of physical injuries develop into psychological injuries because of the stigma surrounding having a Comcare claim and the issues of support? In terms of the mental health strategy, if you could outline that further—on notice. In terms of mental health education, are there any mental health training programs within the AFP? I will put some more questions on notice on that. Do your psychologists have clinical training that usually involves specialist training and a masters degree? What mental health qualifications do the rehab case managers in the AFP possess, especially when dealing with complex psychological injuries such as PTSD? In relation to that, I have spoken to officers who have described in the course of their duty protecting and serving the community some pretty horrific and terrible, terrible things where they feel that they were not supported and it was almost as though they were punished for putting in a claim. It concerns me. That is something that does really concern me. What sanctions or jurisdiction does the HR rehab team have to override medical certificates; read and decipher complex psychological medical reports; initiate a medical assessment and to ignore medical advice and reports, and/or the advice of Comcare's independent adviser? That seems to be a theme that has emerged. What mechanisms are there if there is an allegation of bullying from senior management? What is the reporting mechanism? It seems that there is a concern that reporting systems are not operating as well as they can. I think it is best that I put those questions on notice, but do you have any general comments about the reforms that are taking place?

Mr Colvin: We could probably answer 80 per cent of your questions now, but it would take the next couple of hours.

Senator XENOPHON: I would not want to upset the chair.

Mr Colvin: Your questions are the right questions and they get to the nub of the issue. It pains me that members may feel unsupported or that we have not put in place the proper mechanisms to support them, because there is no doubt in my mind that the work that AFP officers do is traumatic at times, and I know that the Australian community appreciates it, so we need to make sure that they are properly supported in doing that. I think it is best that we answer on notice in full, but I have said many times that I want a change. Some of the issues come from the Broderick work, which we knew about, and we needed to make reforms. If there is bullying by my senior officers then I have been very clear on the record to them personally and publicly that I have no tolerance for that and there will be action taken. Of course I need to know about it, and I am trying to create an environment where people feel more safe and secure to bring forward these allegations. I accept that I do not have that at the moment.

**The answer to the honourable senator's question is as follows:**

1. What is the annual cost of the AFP's insurance premiums and what percentage of them are psychological claims?

The AFP's total premium for the 2016/17 financial year was \$33,774,832.

During 2016/17 financial year approximately 25% of total claims numbers were for psychological claims.

2. How many of them are bullying claims and accepted by Comcare?

Three (3) claims have been submitted to and accepted by Comcare under the *Safety Rehabilitation and Compensation Act 1988* for bullying during the current 2016/17 financial year.

3. How many bullying incidents have been reported?

Since the 22 August 2016, there have been 97 bullying complaints reported to Safe Place.

4. What percentage of members with a psychological injury are successfully rehabilitated back into their original work area, and what is the timeframe?

Since 2010, 32% of members with an accepted psychological claim returned to their original work area either at pre-injury, modified or alternate duties.

Data on timeframes to rehabilitate a member back into the work area is not available.

5. What percentage of physical injuries develop into psychological injuries because of the stigma surrounding having a Comcare claim and the issues of support?

It is not possible to quantify what percentage of physical injuries develop into psychological injuries relating to stigma and Comcare claims. Both psychological and physical injuries are afforded equal levels of support. In addition to the entitlements available under the *Safety Rehabilitation and Compensation Act 1988*, the AFP offers the following support mechanisms to AFP personnel:-

- AFP Chief Medical Officer
- AFP Psychological Services
- AFP Safe Place
- early intervention programs
- rehabilitation case management, including the engagement of external workplace rehabilitation providers
- Chaplaincy support
- access to the Employee Assistance Program
- internal gyms across Australia supported by functional conditioning training sessions
- information and video clips on the AFP intranet

Phoenix Australia, the National Centre for Excellence in Posttraumatic Mental Health, has been engaged to conduct an unrestricted, holistic review of all support services within AFP and provide a recommendation on a strategy for implementation over the following six years. The review will be completed by November 2017. In anticipation of the recommendations, a Welfare Officer Network has been established to better support our members in all areas.

Phoenix will engage with all levels of staff, through survey, focus groups and interviews, to develop an AFP specific mental health strategy that will be robust and sustainable.

Phoenix Australia and the AFP are in the planning stage to engage with AFP personnel in this financial year through surveys, focus groups and interviews. In the first half of the 2017/18 financial year, Phoenix Australia will finalise a robust and sustainable AFP specific mental health strategy.

6. In terms of mental health education, are there any mental health training programs within the AFP? I will put some more questions on notice on that.

The AFP offers a number of mental health programs using internal and external providers, including:

- ACT Mental Health provides extensive mental health training to all Police and Protective Service Officer recruits, including sessions on:
  - Mental Illness and Mental Dysfunction;
  - Police Intervention; and,
  - External Stakeholder Interaction;
- AFP Psychological Services deliver courses and presentations on:
  - Psychological Health Management in a Policing Environment to all Police and Protective Service Officer recruits – Topics include: Stress in a policing environment, stress signs and symptoms, group based activities, self-care strategies and looking after your mates
  - Post mortem stress inoculation for all Police and Protective Service Officer Recruits
  - Stress management and resilience for Team Leaders
  - Staff Induction - orientation to internal and external support services and self-care
  - Pre-deployment briefings and training for members deploying to Missions or International Post
  - Six hour Resilience course conducted over a number of weeks
  - Vicarious trauma
  - Signs and symptoms of mental health conditions and Self-care

Procurement processes have commenced to contract delivery of national-based accredited Mental Health First Aid training to all Airport personnel and Team Leaders.

Additional training activities, ranging from one hour information seminars to full day workshops, are delivered internally as requested by various business areas. External providers, such as Lifeline, are routinely utilised for half day workshops.

Health promotion is extremely important in raising awareness. Guest speakers are invited to share their own experiences and recordings are available to ensure access to all members. The AFP is a long-term supporter of well-known national campaigns RUOK? Day and Mental Health Week.

7. Do your psychologists have clinical training that usually involves specialist training and a masters degree?

All AFP Psychologists hold National Registration with the Australian Health Practitioners Regulation Agency (AHPRA). They have therefore been endorsed as having the requisite education and skills to practice. They meet mandatory requirements for annual registration renewal. AFP Social Workers meet the requirements for membership of the Australian Association of Social Workers. They also meet mandatory requirements for membership renewal.

- 8.** What mental health qualifications do the rehab case managers in the AFP possess, especially when dealing with complex psychological injuries such as PTSD?

All AFP rehabilitation case managers (RCMs) possess the relevant AFP Governance and Comcare's framework for RCMs core capabilities. They do not hold mental health qualifications.

The role of a RCM is to coordinate the return to work process, or in some cases maintenance at work. Workplace Rehabilitation Providers who are accredited by Comcare are engaged by the RCMs to provide expert, objective advice to the case manager to assist the timely, safe and durable return to work of an injured employee. Workplace Rehabilitation Providers are selected on a case-by-case basis to match the relevant skill set and qualifications in accordance with the diagnosed condition. This means if the individual case requires mental health expertise an appropriately qualified workplace rehabilitation provider will be selected.

All RCMs have direct access to the AFP Chief Medical Officer, AFP Principal Psychologist, AFP Principal Nurse, AFP Psychologists and Social Workers to see advice and guidance on the management of claims

- 9.** What sanctions or jurisdiction does the HR rehab team have to override medical certificates; read and decipher complex psychological medical reports; initiate a medical assessment and to ignore medical advice and reports, and/or the advice of Comcare's independent adviser? That seems to be a theme that has emerged.

The Rehabilitation Case Management team do not override medical certificates.

Recommendations on medical certificates are assessed on a case-by-case basis in consultation with the AFP Chief Medical Officer, Principal Psychologist and Comcare, where necessary.

RCMs are delegated under section 36, 37 and 62(1) (a) and (b) of the *Safety Rehabilitation and Compensation (SRC) Act 1988* to initiate medical assessments to obtain recommendations on an injured workers' capability to undertake a rehabilitation program. This process includes ex-employees and ensures legislative compliance.

The AFP requests all independent medical examiners consult with the injured workers' treating medical teams as part of the assessment.

- 10.** What mechanisms are there if there is an allegation of bullying from senior management?

The AFP has a number of mechanisms in place where allegations of bullying can be reported. These mechanisms exist for all levels of the AFP including those where senior management may be implicated. These mechanisms include Safe Place, Professional Standards (PRS), Confidant Network, HR Advisory and can also be reported through any member of the AFP.

- 11.** What is the reporting mechanism?

There are a number of reporting mechanisms available to report bullying including: email, telephone, Complaint Recording and Management System (CRAMS) and in person via a colleague. The process for each of these mechanisms is outlined on the AFP intranet and advice for submitting a complaint can be sought through PRS, Safe Place & Confidant Network.

- 12.** It seems that there is a concern that reporting systems are not operating as well as they can. I think it is best that I put those questions on notice, but do you have any general comments about the reforms that are taking place?

The cultural change report (Cultural Change: Gender Diversity and Inclusion in the Australian Federal Police) did highlight that there was some concern relating to reporting systems within the AFP. The addition of Safe Place, the reviews which are being undertaken in the Confidant Network, PRS and also the overall program of work associated with the cultural change report will collectively contribute to addressing these concerns. We continue to communicate the available reporting systems and the support networks that are available and review feedback from members of the AFP around ways to improve the current systems.